

TRAUMA ADVISORY COMMITTEE MEETING
February 1, 2002 – Ontario

M I N U T E S

Attendees:	Dr. Tim Sturgill	Dr. Judith Brill	Dr. David Hoyt
	Dr. Bob Eisenman	Mr. Leonard Inch	Dr. Babatunde Jinadu
	Ms. Virginia Hastings	Dr. Jay Goldman	Dr. William Tuefel
	Mr. Larry Kardsteadt	Dr. Ramon Johnson	Barbara Duffy, RN
	Ms. Maureen McNeil	Ms. Bonnie Sinz	Ms. Donna Nicolaus

Absent: Mr. Blair Sadler

APPROVAL OF MINUTES:

The minutes of the last meeting were approved as submitted.

ADDITIONS TO THE AGENDA

- ? Trauma Planning Funding
- ? Regulation Exemption Request
- ? CCS & PICU Approval
- ? Trauma Center Designation Process

TRAUMA REGISTRY INCLUSION CRITERIA DEFINITION

AB 430 required: *By October 31, 2002, the authority shall develop criteria for the standardized reporting of trauma patients to local trauma registries. The authority shall seek input from local EMS agencies to develop the criteria. All local EMS agencies shall utilize the trauma patient criteria for reporting trauma patients to local trauma registries by July 1, 2003.*

The Trauma Data Ad Hoc group recommended trauma registry minimum inclusion criteria that was reviewed and modified by the Trauma Advisory Committee. The following is the proposed trauma registry minimum criteria:

ICD-9 800-959.9; **and**
Admitted to/followed by trauma or burn service; **or**
Death in ED (ICD-9 800-959.9); **or**
Transfer for trauma services (ICD-9 800-959.9); **or**
Physically evaluated by trauma or burn surgeon in the ED or resuscitation area
and discharged (ICD-9 800-959.9)

NATIONAL TRAUMA SURVEY – SWOT ANALYSIS

HRSA, NHTSA, and Office of Rural Health Planning are coordinating to provide a national profile of EMS and trauma systems. HRSA provided grant funding to states to conduct a statewide survey and provide for stakeholder input. The national survey was sent to all of California's local EMS agencies and results were compiled into a single document. As part of the trauma survey, all local EMS agencies were asked to determine five of the greatest strengths, weaknesses, opportunities, and threats facing the state for the delivery of trauma care. These strengths, weaknesses, opportunities, and threats were consolidated and the Trauma Advisory Committee determined the top five in each category. The results will be included in the final survey document.

TRAUMA PLANNING FUNDING

Trauma planning funding applications amounted to \$1.8 million more than available funding. Therefore, the Trauma Advisory Committee was asked for recommendations regarding core funding elements. The committee recommended that the proposals be sent back to the requestor for modification thus ensuring the priority needs of each request is addressed. It was further recommended to put together a group to review the proposals. The group reiterated that the proposals must, at a minimum:

1. Get an approved trauma plan.
2. Implement the trauma plan.
3. Align the categories of funding with the above requirements.

REGULATION EXEMPTION REQUEST

EMSA has been contacted by the Northern California EMS Agency (Nor Cal) regarding an exemption to the trauma regulations for two proposed level III trauma centers. In an effort to streamline the process, the committee was asked to outline items to be included in an exemption request. The recommendations will be incorporated into a letter to Nor Cal for their use in preparing their exemption request.

CCS & PICU APPROVAL

Dr. Mark McConnell, Dr. James Hinsdale, and Linda Raby, RN addressed the Trauma Advisory Committee regarding the requirement in the trauma regulations to have a CCS approved pediatric intensive care unit. It was recommended that members of the Trauma Advisory Committee contact Santa Clara EMS Agency to offer support regarding this issue. The committee further discussed alternatives and recommended asking the Emergency Medical Services for Children Technical Advisory Group to review the issue.

TRAUMA CENTER DESIGNATION PROCESS

Leonard Inch pointed out that currently designation of trauma centers is at the discretion of each local EMS agency. He suggested that especially now that funding has been provided for trauma centers, standardized minimum trauma center designation criteria should be considered.